

**Family Care Center
1135 Red Mile Place
Lexington KY 40504**

PUBLICITY RELEASE

I, _____, give permission to
use pictures of me in stories about the work of the Family Care Center
staff on radio, TV, in the newspaper, or as any other public information pertaining
to the Center.

YES _____

NO _____

Signature

Date

RELEASE IS IN EFFECT FOR ONE YEAR FROM DATE OF SIGNATURE.